

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM TO-375)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT						
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TOTAL	7		7							
EX-4	10		10							
TOTALS	9		18							

10350 (3-78)

DO NOT USE THIS FORM FOR INDIVIDUAL CLAIMS OR FOR COPIES OF THIS FORM